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| AFFLICATION NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTORN | ATTORNEY DOCKET NO. | |
|---|---|---|-------------------------------------|--|--|
| 09/423,108 | 6/12/01 | Paris et al. | 6,6 | -1-074 | |
| | | Γ- | EXAMINER | | |
| | | Jagi, S | | | |
| | | | ART UNIT | PAPER NUMBER | |
| • | | L | 1616 | 4 | |
| | `. | DATE | E MAILED: | | |
| INTERVIEW SUMMARY | | | | | |
| All participants (applicant, applicant | 's representative, PTO personnel |)): | | | |
| (1) Jacques Pe | ni | (3) Jean- Fr. | encors | Burlan | |
| (2) Sylvie C | elpy | (4) Charles Me | | | |
| Date of Interview | | (5) Jose Dees | | | |
| | | - 6 Sabiha C | Zezo | | |
| Type: ☐ Telephonic ☐ Personal (copy is given to ☐ applicant ☐ applicant's representative). | | | | | |
| Exhibit shown or demonstration conducted: Yes No If yes, brief description: | | | | | |
| Identification of prior art discussed:_ | hosed and frior green what was agreed to if an agreeme were discuss methods | | ents: Praj | hosed will be will | |
| | <i>J</i> | | | | |
| (A fuller description, if necessary, an must be attached. Also, where no coattached.) | d a copy of the amendments, if a py of the amendments which wo | vailable, which the examiner agreed uld render the claims allowable is ava | would render the | e claims allowable ary thereof must be | |
| 1. It is not necessary for applicant | t to provide a separate record of t | the substance of the interview. | | | |
| Unless the paragraph above has bee IS NOT WAIVED AND MUST INCLUI action has are ready been filed, APPI SUBSTANCE OF THE INTERVIEW. | n checked to indicate to the contr DE THE SUBSTANCE OF THE IN | rary. A FORMAL WRITTEN RESPON | 2 DAN If a rooms | and to the last Office | |
| 2. Since the Examiner's interview rejections and requirements that is considered to fulfill the responsher interview unless box 1 above. | nse requirements of the last Offic | attachments) reflects a complete response action, and since the claims are not action. Applicant is not relieved from | ow allowable, this om providing a s | s completed form eparate record of | |
| Examiner Note: You must sign this for | m unless it is an attachment to a | nother form. | 5.00 | 21 | |
| FORM PTOL-413 (REV.1-96) | | | 0 - | | |